



**CITY OF BROKEN ARROW**  
**PO Box 610**  
**Broken Arrow OK 74013**

**APPLICATION FOR PLAN**  
**EXAMINATION & BUILDING PERMIT**  
**COMMERCIAL & RESIDENTIAL**

**Application/Permit Number** \_\_\_\_\_ **Date Approved** \_\_\_\_\_ **By** \_\_\_\_\_ **Fee \$** \_\_\_\_\_

**IMPORTANT – Applicant must complete all pertinent items in each section.**

**I. LOCATION OF BUILDING**

At (location) \_\_\_\_\_ Zoning District \_\_\_\_\_  
Number Direction Street Name Suffix  
Between \_\_\_\_\_ AND \_\_\_\_\_  
(Cross Street) (Cross Street)  
Subdivision \_\_\_\_\_ LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT SIZE \_\_\_\_\_

**II. TYPE AND COST OF BUILDING** \_\_\_\_\_

**Section** \_\_\_\_\_ **Township** \_\_\_\_\_ **Range** \_\_\_\_\_

**A. PERMIT TYPE**

- ☐ New Construction (if residential, see part B; if commercial, see part C)  
☐ Remodel (residential only) ☐ Fire Repair ☐ Storm Shelter  
☐ Room Addition ☐ Garage ☐ Storage Shed  
☐ Tenant Finish (commercial only) ☐ Plumbing ☐ Mechanical  
☐ Electrical ☐ Demolition  
☐ Other \_\_\_\_\_

**B. Residential – Proposed Use**

- ☐ Single Family dwelling with covered patio ☐ Duplex family dwelling ☐ Room addition (number of rooms) \_\_\_\_\_  
☐ Single Family dwelling without covered patio  
☐ Garage (number of cars \_\_\_\_\_) ☐ Covered Patio Addition ☐ Deck  
☐ Carport (number of cars \_\_\_\_\_) ☐ Other (specify) \_\_\_\_\_

**C. Commercial – Proposed Use**

- HAS THE SITE PLAN BEEN SUBMITTED? ☐ YES ☐ NO  
HAS THE SITE PLAN BEEN APPROVED? ☐ YES ☐ NO  
  
☐ Amusement/recreational ☐ Church/Religion ☐ Industrial  
☐ Parking Garage ☐ Service/Repair Garage ☐ Hospital/Institution  
☐ Mercantile ☐ Public Utility ☐ Business - Office, Bank, Professional  
☐ School, Library, Educational ☐ Tanks (i.e. fuel) ☐ Towers (i.e. radio, cell phone, television)  
☐ Hotel, Motel, Dormitory (transient) ☐ Triplex or greater ☐ Restaurant (must include approved health dept. plans)  
Enter number of units' \_\_\_\_\_ Enter number of units \_\_\_\_\_  
☐ Other (specify) \_\_\_\_\_

**D. COST**

Cost of improvement (omit cents).....→ \$ \_\_\_\_\_  
To be installed but not included in the above cost  
a. Electrical .....→ \_\_\_\_\_  
b. Plumbing .....→ \_\_\_\_\_  
c. Heating/Air conditioning→ \_\_\_\_\_  
d. Other (elevator, etc.).....→ \_\_\_\_\_  
11. TOTAL COST OF IMPROVEMENT \$ \_\_\_\_\_

Nonresidential/Commercial – Describe in detail proposed use of buildings, e.g. food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.  
\_\_\_\_\_  
\_\_\_\_\_

**E. Enter the Names of Contractors & Subcontractors (must be registered with the City of Broken Arrow):**

General Contractor: \_\_\_\_\_ Electrical Sub: \_\_\_\_\_  
Plumbing Sub: \_\_\_\_\_ Mechanical Sub: \_\_\_\_\_

**III. SELECTED CHARACTERISTIC OF BUILDING – For new structures/buildings and additions, complete Parts F – M. For demolition, complete only Part J, for all others skip to IV.**

**F. PRINCIPLE FRAMING**

- ☐ Masonry (wall bearing)  
☐ Wood Frame  
☐ Structural Steel  
☐ Reinforced concrete  
☐ Other (Specify) \_\_\_\_\_

**G. SEWAGE DISPOSAL**

- ☐ Public or Private company  
☐ Private (septic tank, etc.)

**H. TYPE OF WATER SUPPLY**

- ☐ Public or private company  
☐ Private (well, cistern)

**I. HEIGHT & SIZE**

- Number of stories/height.....→ \_\_\_\_\_  
 Square feet of: first floor .....→ \_\_\_\_\_  
 Second floor ...→ \_\_\_\_\_  
 Third floor .....→ \_\_\_\_\_  
 Garage.....→ \_\_\_\_\_  
 Total square feet .....→ \_\_\_\_\_  
 Total land area (sq. feet).....→ \_\_\_\_\_

**J. TYPE OF HEATING**

- ☐ Gas  
☐ Oil  
☐ Electricity  
☐ Coal  
☐ Other (Specify) \_\_\_\_\_

**K. MECHANICAL**

- Will there be central air conditioning?  
☐ Yes ☐ No  
 Will there be an elevator?  
☐ Yes ☐ No

**L. NUMBER OF OFF-STREET PARKING SPACES**

- Enclosed .....→ \_\_\_\_\_  
 Outdoors.....→ \_\_\_\_\_

**OKIE Confirmation Number:**

Applicant must enter the confirmation number provided by OKIE (required when digging occurs)

\_\_\_\_\_

**M. RESIDENTIAL BUILDINGS**

Number of bedrooms \_\_\_\_\_

Number of bathrooms

(Full) \_\_\_\_\_

(Partial) \_\_\_\_\_

**IV. SITE OR PLOT PLAN – Residential - Applicant must submit two (2) copies of site/plot plan\*  
 Commercial - Applicant must submit three (3) full sets of plans**

\*You may submit a property survey or survey plat with dimensions of all structures and distances from structures to lot lines, utility easements (U/E), etc. Permit reviews do not include structural design review as this is covered during on site inspections. Buildings must be built to code.

**V. IDENTIFICATION – To be completed by ALL Applicants**

\_\_\_\_\_  
 Owner or Lessee Name

\_\_\_\_\_  
 Address: Number, Street, City, Zip code

\_\_\_\_\_  
 Telephone

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws and jurisdiction.

\_\_\_\_\_  
 Applicant Name (please print)

\_\_\_\_\_  
 Address: Number, Street, City, Zip code

\_\_\_\_\_  
 Telephone

Application Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

**REVIEWER COMMENTS:**

Front \_\_\_\_\_ Left Side \_\_\_\_\_

Right Side \_\_\_\_\_ Rear \_\_\_\_\_

\_\_\_\_\_

**Elevation Certificate Required**

☐ Yes ☐ No

Comments \_\_\_\_\_